Connecticut State Teachers' Medicare Supplement Plan

Administered by Stirling Benefits, Inc.

OUTLINE OF BENEFITS - 2016

Services	Benefit	Medicare Pays	This Plan Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and other hospital services and supplies.	First 60 days	All but Medicare Part A Deductible $1,288.00	Medicare Part A Deductible $1,288.00	Nothing
	61st to 90th day	All but daily co-insurance $322.00	Daily co-insurance $322.00.	Nothing
	91st to 150th day	All but daily co-insurance $644.00.	Daily co-insurance $644.00	Nothing
	Beyond 150 days Up to an additional 60 days	Nothing	Up to an additional 60 days Prior authorization required	Nothing
Medical Expenses Physician services, inpatient and outpatient surgical services and supplies, physical, occupational and speech therapy, diagnostic tests, and durable medical equipment.	Unlimited services if medically necessary.	After a $166 Medicare Part B calendar year deductible, then Medicare pays 80% of the allowed amount. Most providers accept assignment of benefits	If provider accepts assignment, this plan pays the remaining 20% of the allowed amount, covering the claim in full. For non-assigned claims, the plan covers the assigned amount described above plus 80% of any additional billing.	The $166.00 Medicare Part B deductible. All other charges are paid in full if your provider accepts the Medicare assignment of benefits. If the provider does not accept assignment, the members share is approximately 3% of the total charge.
Laboratory Services Blood tests, urinalysis and other diagnostic services.	Unlimited, if medically necessary.	Generally 100% of the approved amount.	Nothing	Nothing
Home Health Aide	Services are medically necessary, limited to 4 hours per day.	Nothing	$500.00 per calendar year	Any additional charges

Out of Country

In-Patient Hospital Facility Charge – 30 days paid at 100% (physician's charges related to in-patient hospital stay is paid at 80%)
Out- Patient Charges for Life Threatening illness/accidents are paid at 80%. All other medical treatments are paid at 20%.
Prescriptions and lab charges are not covered. Payment is limited to a Lifetime maximum of $100,000.00

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Outpatient Hospital and Ambulatory Surgical Services Services for the diagnosis or treatment of an illness or injury.	Unlimited, if medically necessary.	Medicare payment to the hospital, based on hospital costs.	20% that Medicare does not pay the hospital.	Nothing
Blood	Unlimited during a benefit period	80% of approved amount (deductible applies and starting with the 4th unit).	First 3 units of blood at 100%.	Nothing
Skilled Nursing Facility Care Semiprivate room and board; skilled nursing and rehabilitative services and other services and supplies (neither Traditional Medicare, HMO's nor the TRB plan will pay for long term nursing home care).	First 20 days:	100% of the approved amount.	Nothing	Nothing
	Additional 80 days:	All but $161.00 daily Co-insurance.	Daily co-insurance $161.00 a day	Nothing
	Beyond 100 days, up to an additional 20 days: requires case management	Nothing	Up to an additional 20 days Prior authorization required	Nothing
Hospice Care Pain relief, symptom management, and support services.	For as long as doctor certifies need.	All but limited costs for outpatient drugs and inpatient respite care.	Nothing	Nothing
Prescription Drugs **$360.00 deductible combined for retail/mail order scripts.** Maximum annual out of pocket cost is $1,110 for the 2016 calendar year. This includes the deductible.	All drugs are available with a physician's prescription.	Nothing	**Retail service** • Generic drugs100% • Preferred drugs 80% • Non-Preferred drugs 70%. **Mail order drugs** • Generic drugs, 100% • Preferred drugs 80% • Non-preferred drugs 70%	**$360.00 deductible combined for mail order/retail scripts. Member pays up to $750 in Co-insurance, plus annual deductible, then plan pays 100% for the remainder of the year.**

Vision Benefit

Eye exam in a 12 month period (not approved by Medicare)	$75.00
Frames-1 pair in a 24 month period	$100.00
Contact Lenses per calendar year	$120.00

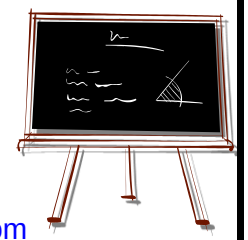
Frame type lenses in a 24-month period:

Single Vision	$60.00	Trifocal	$120.00	Progressive lenses $120.00
Bifocal	$80.00	Lenticular	$200.00	

(Medicare pays for 1 pair of eyeglasses after cataract surgery) Sunglasses are not covered

Hearing Benefit

Hearing Aids $750.00 every 36 months
(includes fittings and adjustment)



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